## BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECOF
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Effective October 1, 2000

**Application or Docket Number** 

SLKN-001 /0105

Ellective October 1, 2000												•
		CLAIMS AS	(Column 1)		(Column 2)		SMAL TYPE	SMALL ENTITY TYPE		OR	OTHER SMALL	
TOTAL CLAIMS			33				RAT	Έ	FEE	1. 1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	· 710.00
то	TAL CHARGEA	BLE CLAIMS	33 minus 20=		· 13 ·		X\$ 9	9=	117	OR	X\$18=	
IND	EPENDENT CL	AIMS	€ mi	nus 3 =	3		X40	)=	120	OR	X80=	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT				+13	5=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOT	AL	593	j i	TOTAL	
CLAIMS AS AMENDED - PART II										-	OTHER	THAN
(Column 1) (Colum						(Column 3)	SMA	LLI	ENTITY	OR	SMALL	ENTITY
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	*	Minus	**		= .	X\$ 9	)=		OR	X\$18=	
	Independent	*	Minus	***		=	X40	=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										.070	
								)= 		OR	+270=	
								TAL		OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Colui		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	*	Minus	***	T OL 4144	=	X40	=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								i=		OR	+270=	
(Column 1) (Column 2) (Column 3)								TAL EE		OR	TOTAL ADDIT. FEE	-
								- L. L.			AUUII. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH	IEST IBER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	_		OR	X\$18=	
MEN	Independent	*	Minus	***		=	-	$\dashv$				
Ā	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	T CLAIM		X40	=		OR	X80=	
	16.46	man d in large Many A	ho animalis sele	.mn 0	o "O" in	olumn 2	+135			OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE												
	The "Highest Nur	nber Previously Pa	id For" (Total o	r Independ	lent) is the	e highest number	r found in th	е арг	propriate box	x in col	lumn 1.	